



# BARRINGTON RECREATION STAFF APPLICATION

Barrington Recreation  
P.O. Box 660  
105 Ramsdell Lane  
Barrington, NH 03825  
603-664-5224  
recdept@metrocast.net

PLEASE COMPLETE APPLICATION IN PEN AND RETURN TO ABOVE ADDRESS

Position applying for: *Program Coordinator / Program Staff / Camp Counselor / other:* \_\_\_\_\_

Name: \_\_\_\_\_ SSN # \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s) Names: (if under 18) \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: (if different than current) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Schedule you are seeking/Days off you will need? \_\_\_\_\_

Please specify the activities that interest you: \_\_\_\_\_

## EDUCATION:

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE/DIPLOMA

## PAST EMPLOYMENT:

DATES	EMPLOYER	ADDRESS/PHONE	POSITION/DUTIES	REASON FOR LEAVING

## APPLICABLE EXPERIENCE:

DATES	ORGANIZATION/ADDRESS	POSITION	DUTIES

Have you ever been charged with, arrested for or convicted of a violation of federal, state or local law? \_\_\_\_\_

If yes, please describe circumstances including disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATION INFORMATION: *Please list expirations of certifications that you hold*

Adult/Child CPR: \_\_\_\_\_ Infant CPR: \_\_\_\_\_ First Aid: \_\_\_\_\_ AED: \_\_\_\_\_

Am. Red Cross Life Guard: \_\_\_\_\_ Waterfront: \_\_\_\_\_ WSI: \_\_\_\_\_

COURSES: List any courses taken that would be relevant to this position: \_\_\_\_\_

Do you hold a valid driver's License? \_\_\_\_\_ State and License#: \_\_\_\_\_

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**WHY ARE YOU INTERESTED IN WORKING FOR THE BARRINGTON REC DEPARTMENT?**

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**WHAT QUALITIES DO YOU POSSESS THAT WOULD QUALIFY YOU TO WORK FOR THE REC?**

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**WHAT TALENTS AND/OR INTERESTS DO YOU HAVE THAT APPLY TO THIS POSITION?**

_____ Health/Fitness	_____ Singing	_____ Baseball	_____ Volleyball
_____ Arts & Crafts	_____ Woodworking	_____ Basketball	_____ Water play/sports
_____ Cooking	_____ Rocks & Minerals	_____ Canoeing	_____ Other: _____
_____ Dance	_____ Astronomy	_____ Fishing	_____
_____ Drama	_____ First Aid/Lifesaving	_____ Hiking/Orienteering	_____
_____ Painting/Drawing	_____ Nature Study/Wild Life	_____ Kayaking/Canoeing	_____
_____ Photography	_____ Ropes Course	_____ Soccer	_____
_____ Pottery	_____ Knot tying	_____ Softball	_____
_____ Puppet Theater	_____ Board games	_____ Playground Games	_____

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REFERENCES: *List three people other than your family who best know your qualifications for this position.*

NAME	ADDRESS	PHONE

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**AUTHORIZATION OF RELEASE OF INFORMATION FOR A BACKGROUND CHECK**

I, \_\_\_\_\_, an applicant for employment with the Town of Barrington, hereby authorize education institutions, companies, corporations, persons, city/town, county state and federal law enforcement agencies to release information to the Town of Barrington Recreation Department for purposes of a background investigation. All information relative to my employment or association with said named entities is to be forwarded to the Town of Barrington Recreation Department at their request.

*Further more, I hereby certify that all statements made in this application are true and complete. I also understand that untrue, misleading or omitted information, provided herein, may result in dismissal, regardless of the time of the discovery by the Town of Barrington.*

***A copy of your driver's license with your application is necessary to complete your background check.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_